

Lincoln (R. P.)

With the Author's Compliments.

ON THE RESULTS OF THE TREATMENT OF
NASO-PHARYNGEAL FIBROMATA, WITH DEM-
ONSTRATION OF SUCCESSFUL CASES, TO-
GETHER WITH A TABLE OF SEVENTY-FOUR
OPERATIONS BY DIFFERENT SURGEONS.

[Read before the American Laryngological Association, June, 1883.]

BY



RUFUS P. LINCOLN, M.D.,

NEW YORK.



[Reprinted from the ARCHIVES OF LARYNGOLOGY, Vol. iv, No. 4, Oct., 1883.]



ON THE RESULTS OF THE TREATMENT OF NASO-PHARYNGEAL FIBROMATA, WITH DEMONSTRATION OF SUCCESSFUL CASES, TOGETHER WITH A TABLE OF SEVENTY-FOUR OPERATIONS BY DIFFERENT SURGEONS.

By RUFUS P. LINCOLN, M.D.,

NEW YORK.

IT is my desire to call attention to the treatment of a class of cases which, I believe, has never received the consideration which it deserves, but upon which I desire to elicit discussion. I refer to those growths usually called naso-pharyngeal polypi, especially those of a fibroid character, and which I prefer to designate by the term "naso-pharyngeal fibroma." The myxoma is excluded as being beyond the province of this paper, as well as those growths having their origin exclusively in the anterior nasal passages. These tumors, if not interfered with, inevitably cause great suffering, deformity, and ultimately destroy the life of the patient.

The object of treatment is, therefore, first, their thorough removal, with the destruction of all diseased tissue at the place of origin; second, avoidance, so far as possible, of accidents incident to operations of the naso-pharyngeal region; and third, to secure the result with the least external disfigurement.

To illustrate my subject, I have limited my researches to the records of cases published since 1867. The selection of this date is purely arbitrary, but it furnishes a period sufficiently long to embrace within it cases illustrating every

variety of treatment, and the fertility of the surgeon's resources in his efforts to accomplish a cure. Some cases may have been overlooked, but none intentionally omitted. A great variety of methods of treatment have been advocated and practised, as will be seen by referring to the table of operations herein presented. In advance, I wish to disclaim the purpose of advocating any one method as applicable to every phase of the disease that presents itself; at the same time, I believe you will conclude with me that there are many cases which may be successfully treated by a method simpler and safer than that usually employed by many of our distinguished surgeons.

An eminent operator, in advocating the removal of these growths through a partial excision of the upper jaw, remarks: "The operations for the removal of the naso-pharyngeal polypi, although formidable in character, are remarkably successful in their results."¹

If we refer to the table of cases which forms a part of this paper, we find, that of twenty-eight patients treated by a section of the bones of the face, in several instances the growths returned, necessitating a repetition of the operation or the substitution of some other; and also that in eight cases, more than 28 per cent., death followed immediately or in a few days—a result suggesting a doubt as to the propriety of the above-quoted conclusion, and justifying a careful consideration of other methods which have been employed.

I have succeeded in compiling the history of fifty-eight patients, including three of my own, one of which is given to you to-day for the first time. These cases fairly represent seventy-four operations, which I have tabulated as follows :

¹ H. B. Sands, M.D., *Brown-Séquard's Arch. of Scientific and Pract. Med.*, June, 1873, p. 517.

SYNOPSIS OF TABLE OF CASES (pp. 264-281.)

Rufus P. Lincoln.

3

No. of Operations	Number and Sex of Patients.	Age of Patients.	Operations Involving Section of Facial Bones or the Laying Open of Cicatrices Resulting from Previous Operations of this Character.	Removal by Knife, Scissors, Avulsion with Forceps, etc.	Removal by Écraseur or Ligature.	Removal by Injection or Cauterization with Chloride of Zinc.	Removal by Electrolysis.	Removal by Galvano-Cautery Écraseur.*
74	58	8 years, 2	No. operations, 39.	No. operations, 7.	No. operations, 12.	No. cases treated, 2.	No. cases treated, 3.	No. operations, 11.
	Males 48	14 " 6	No. patients, 28.	No. patients, 7.	No. patients, 11.	No. cases in which recurrence is reported to have taken place within a year, 1.	No. cases reported under observation for a year or more without recurrence, 1.	No. patients, 10.
	Females 2	15 " 5	No. cases in which recurrence is reported to have taken place within a year, 14.	No. cases in which recurrence is reported to have taken place within a year, 6.	No. cases in which there is no record after the discontinuance of treatment, 1.	No. cases in which there is no record after the discontinuance of treatment, 2.	No. cases in which there is no record after the discontinuance of treatment, 2.	No. cases in which recurrence is reported to have taken place within a year, 3.
	Not stated 31	16 " 3	No. cases reported under observation for a year or more without recurrence, 4.	No. cases reported under observation for a year or more without recurrence, 1.	No. cases reported under observation for a year or more without recurrence, 4.	No. cases in which there is no record after the discontinuance of treatment, 1.	No. cases in which there is no record after the discontinuance of treatment, 2.	No. cases reported under observation for a year or more without recurrence, 6.
		17 " 2	No. cases in which there is no record subsequent to the operation, or a few months after, 23.	No. cases in which there is no record subsequent to the operation, or a few months after, 5.	No. cases in which there is no record subsequent to the operation, or a few months after, 2.	No. fatal cases, 0.	No. fatal cases, 0.	No. cases in which there is no record subsequent to the operation, or a few months after, 2.
		18 " 2	No. deaths during or attributable to the operation, 8.	No. fatal cases, 1 (No. 21).	No. fatal cases, 0.	No. fatal cases, 0.	No. fatal cases, 0.	No. fatal cases, 0.
		19 " 2	In three other cases operation nearly proved fatal (Nos. 20, 23, and 55).					
		20 " 2						
		21 " 2						
		22 " 2						
		23 " 2						
		25 " 1						
		26 " 1						
		30 " 1						
		33 " 1						
		35 " 1						
		39 " 2						
		40 " 2						
		41 " 1						
		42 " 1						
		45 " 1						
		47 " 1						
		48 " 2						
		52 " 2						
		54 " 1						
		55 " 1						
		Not stated, 8 (46).						

* In this class is included one case treated by means of the actual cautery (No. 70).

I will conclude with a report of a case I treated last January by means of the galvano-cautery *écraseur*, with subsequent destruction of the stump with the galvano-cautery. After which you will have an opportunity to examine this patient, together with others operated upon by me some years ago by the same method.

A. H. G., (No. 74 in table,) a student, aged seventeen years, applied to me Dec. 30, 1882, for examination. He complained of inability to breathe through his nose, and stated that nine months before he had undergone an operation, while under the effects of ether, for the removal of a "polypus," having at that time the same symptoms as now. I subsequently learned from the youth's parents that the operation was suspended because of the loss of blood and the prostration of the patient, a portion only of the "polypus" having been removed, and that polypus-forceps and scissors were the instruments used. Several weeks elapsed before he recovered his strength sufficiently to resume his studies.

The patient was of healthy American parentage, but had himself been of a delicate nervous constitution, and was subject to frequent "colds." He was of studious habits, and for the previous two years had been at a boarding-school, but had often been obliged to suspend his studies on account of headaches, which had become more and more constant until the question of abandoning school had been seriously considered.

Nasal respiration was partially restored by this first operation, but gradually became more difficult, until at the end of three months it was as bad as ever; the consequent evils were again, therefore, added to his nervousness and diffidence, until his life had become a burden to himself and a source of constant anxiety to his family.

Examination: On inspecting the nostrils anteriorly I found the septum deviated to the left, and at a point about two inches from the margin of the right an obstructing mass, occupying the whole space, of a light pink color, smooth and elastic to the pressure of a probe. On attempting post-nasal rhinoscopy the post-nasal cavity was found occupied and completely filled, so as to press slightly on the soft palate, by a tumor of the same appearance as that discovered anteriorly. By manipulation they were found to be connected and one and the same, and evidently fibrous in character. The whole mass was covered with mucous membrane,

but its inferior surface was rough and ulcerated. By means of a finger introduced through the mouth the tumor was followed to its attachment to the vault of the pharynx, mainly on the right side, by a rather large pedicle. There was no external deformity of the nose or face.

I advised the removal of the tumor by means of the galvano-cautery *écraseur*, and a subsequent treatment of the stump by the galvano-cautery. After some deliberation this method was consented to.

On Jan. 8th the operation was performed after the manner described by me to this Society four years ago.¹

A looped platinum wire was passed through the right nostril into the throat and carried up behind the tumor to its attachment by means of a finger introduced through the mouth. The two free ends of the wire were then each passed through the two arms of an electrode, which was run as far as possible toward the base of the growth, thus encircling the pedicle close to its starting-point.

The patient was then etherized, and the electrode being connected with the battery, the pedicle was divided in two or three minutes without difficulty and with the loss of but a few drops of blood. The tumor was then withdrawn through the mouth. The excised surface of the tumor was about three-fourths of an inch by one inch, being oval in shape; the mass was irregularly pear-shaped, as large as a seckel pear, and lobed where it extended into the right nostril. Nasal respiration was at once perfectly established, and the patient quickly rallied from the effects of the ether.

It seemed necessary to make but five applications of the galvano-cautery to the stump, which were done at intervals of a week.

An examination of the tumor showed it to be a fibroma. Nearly four months have now passed since the last operation, and there are no indications of a recurrence of the tumor, as you will be able to satisfy yourselves on inspection.

I am happy to be able to present to you, for a second examination, the two patients you saw at the meeting of this Association in 1879, at which time a detailed report of their cases and operations was made by me.

¹ Trans. American Laryngological Association, 1879, pp. 247-255.

You will remember the first case—J. B. J. (No. 33 in table,)—had been operated upon by me in April, 1875, eight years ago, for a large recurrent "naso-pharyngeal polypus," a fibroma. The operation was the same as that used in the case just given to you. There has been no return of the trouble.

There is an interesting feature in this case, of great practical value, to which I beg to call your attention. There was in this gentleman's right cheek, at the time I operated upon him, a tumor, which reached nearly an inch below the zygomatic arch, which continued behind it, and was evidently related to the main tumor. It has completely disappeared, and has never received any direct treatment.

It would seem that the nutrient supply to this prolongation had been cut off by the destruction of the main growth, and that in consequence this had atrophied.

The other patient, Mr. M. B., (No. 39 in table,) who was also treated by the same method in Jan., 1876, seven years ago, is even more remarkable in his history, because of his feeble condition when I took him in hand, and because of the enormous tumor that was literally splitting open his head. The growth had been twice before removed by eminent surgeons.

Here is a model in wax made by my friend Dr. Goodwillie, from a cast taken at the time of the operation, but after the bulk of the tumor had been much shrunk by electrolysis.

This tumor was also a fibroma, and there has been no recurrence.

TABLE OF SEVENTY-FOUR OPERATIONS ON NASO-PHARYNGEAL FIBROMATA BY DIFFERENT OPERATORS FROM 1867 TO 1883.¹

Date.	Operator, Reference.	Sex.	Age.	Previous Duration of Symptoms.	Situation and Extent.	Pathological Nature.	Treatment.	Result and Subsequent History. Remarks.
July 19, 1867.	Thomas Bryant, Trans. Path. Society, of London, vol. xviii, p. 107.	Male.	15	1 year.	Solid growth, three and a half by two inches, attached to base of skull, and completely filling upper part of pharynx.	Fibrous.	Écraseur, with whipcord loop, tightened daily.	Tumor came away on sixth day. No sign of disease after operation. No subsequent history reported.
(1)								Fourteen months before Mr. Bryant had attempted to remove a similar polypus, of two years' growth, with the wire écraseur. In five days wire came away without tumor, which became shrivelled for a time, but subsequently began to grow again.
July 23, 1867.	D. W. Cheever, Boston Med. and Surgical Journal, March 11, 1869.	Male.	19	13 months.	Firm, lobulated tumor filling upper and back part of pharynx, and attached to body of sphenoid bone.	Not stated.	Resection of superior maxilla by Langenbeck's operation. Attachments divided with scissors, and point of section cauterized with strong nitric acid.	Symptoms of recurrence noticed after eleven months. Thirteen months previously an operation was performed for the relief of disease, of which this was the recurrence, and the origin of the growth dated two and a half years before that time.
(2)								

¹ In attempting to make a collection of the fibromata of the naso-pharyngeal region, it has been found impracticable to include *only* those of purely fibroid character. This is due partly to a want of uniformity in the use of pathological terms by different writers; also to the fact that many of the tumors partake of a mixed character. Were, however, the few questionable cases that appear in this table eliminated, the sum of the evidence would remain unaltered.

Naso-Pharyngeal Fibromata.

Date.	Operator. Reference.	Sex.	Age.	Previous Duration of Symptoms.	Situation and Extent.	Pathological Nature.	Treatment.	Result and Subsequent History. Remarks.
1868. (3)	D. W. Cheever. <i>Ibid.</i>	Male. (Same patient as above.)	22	11 months.	Tumor in same situation as above, of size of English walnut.	Not stated.	Langenbeck's operation repeated, and a small portion of inner angle, just below orbital process, removed on account of thickening. After section of pedicle, the bone thoroughly scraped.	In a recent note to the writer, Dr. Cheever states that there has been no recurrence since this operation.
1868. (4)	D. W. Cheever. <i>Ibid.</i>	Male.	41	13 months.	Both nostrils and the pharynx above the soft palate completely filled with a tumor of the size of a pullet's egg, whose anterior edge extended to within one half inch of alveolar border, and which was attached to the ethmoid and body of the sphenoid. In size and shape like a large lemon.	Fibrous.	Temporary displacement of both superior maxillae. Attachments severed as near the bones as possible, and the remaining portion scraped away.	Operation followed by shock, and patient died from exhaustion 120 hours after operation.
1868. (5)	M. L. Thomas. <i>Lancet</i> , May 1, 1869.	Male.	18	18 months.	Tumor implanted in basilar process, stretching down to left cheek, and invading the maxillary sinus.	Fibroma.	Excision of the superior maxilla, and removal of the polypus.	No recurrence after several months.
Aug. 6, 1868. (6)	Mr. Rouse. <i>Lancet</i> , Feb. 27, 1869.	Not stated.	14	Several months.	Tumor of pharynx, extending through right nostril nearly to outlet, and attached to basilar surface.	Fibrous, and fibro-cellular.	Langenbeck's operation. Tumor seized and extracted with polypus forceps.	No record after third day after operation.
Sept. 14, 1868. (7)	Thos. Waterman. <i>Boston Med. and Surgical Journal</i> , April 8, 1869.	Male.	39	4 years.	Firm, lobulated growth, situated behind soft palate, extending into left nasal fossa, and attached to sphenoid.	Not stated.	Langenbeck's operation. The tumor cut and torn away, and the points of attachment swathed with Squibb's liq. ferri subsulphat.	Subsequent history not given.

Date.	Operator. Reference.	Sex.	Age.	Previous Dura- tion of Symp- toms.	Situation and Extent.	Pathological Nature.	Treatment.	Result and Subsequent History. Remarks.
Oct. 12, 1868.	Thos. Waterman. <i>Ibid.</i>	Male.	33	2 or 3 months.	Growth filling left half of skull between base of spine and pos- terior nares, and hav- ing a broad surface of origin from basilar pro- cess of spheno-occipital bone.	Glandular and partially fibrous.	Excision of left super- ior maxilla by Ver- eau's operation. Tu- mor removed with scissors, and the bone from which it grew cut away. Squibb's liq- uerri subsulphat. ap- plied to points of at- tachment.	No recurrence at the end of four months after operation.
(8)								
Mar. 11, 1869.	A. Bonnes. <i>Bulletin Com. de Therap.</i> , Oct. 30, 1869.	Female.	25	Several years.	A polypus of four branched, weighing eighteen grammes, which filled upper part of pharynx and both nostrils—the right more completely than the left, and originated from base of skull.	Fibrous.	Ablation by means of a mentle nail attached to a thimble.	No recurrence at the end of four months after operation.
Apr. 13, 1869.	H. G. Clark. <i>Boston Med. and Surgical Journal</i> , Oct. 19, 1871.	Male.	26	Not stated.	Soft tumor, of size of pig's ear, filling both nasal cavities and upper part of pharynx.	Fibro-cellular.	Incision on left side of nose, through middle of lip. Tumor scraped out with finger. The bone, which was a little tender and been re- moved with the knife. Time of recurrence not given.	Tumor began to return two months after opera- tion. Four years before this operation a small soft tumor had been re- moved with the knife. Time of recurrence not given.
March, 1871.	H. G. Clark. <i>Ibid.</i>	Male. (Same pa- tient as above.)	28	21 months.	Tumor filling whole nose-pharyngeal cav- ity, and pressing soft- ly downwards.	<i>Ibid.</i>	Incision made in old scar. Tumor removed cleaned out as thor- oughly as possible.	No record after one month subsequent to op- eration.
Nov. 11, 1869.	Ephraim Cutler. <i>Boston Med. and Surgical Journal</i> , Nov. 22, 1870.	Female.	15	Not stated.	Two well-circumscribed polypi hanging down behind the soft palate from the post-pharyn- geal wall, one of which was of cylindrical shape, and extended two-thirds the length of the tongue.	In a commu- nication to the writer, Dr. Cut- ler states that he regards the growth as re- current fibroid, and that its ori- gin was at the basilar process of occipital bone, more to the left side than the right.	Tumors removed by the tube, far as re- spects the nose.	Larger growth, after- ward returned. (Time of recurrence not given.)
(12)								

Naso-Pharyngeal Fibromata.

Date.	Operator. Reference.	Sex.	Age.	Previous Dura- tion of Symp- toms.	Situation and Extent.	Pathological Nature.	Treatment.	Result and Subsequent History. Remarks.
July 14, 1870.	Ephraim Cutter. <i>Ibid.</i>	Female. (Same pa- tient as above.)	15	Not stated.	Tumor occupying same position as the larger of the above.	Recurrent Fi- brous.	Tumor removed by tube écraseur through the mouth. Seat of pedicle touched with nitrate of silver.	In a recent note to the writer, Dr. Cutter states that both growths subse- quently recurred, and were removed in the same way at least four times. He has not seen the case for three years, when he last operated, and cannot say whether there has been recurrence since then or not.
(12)								
1869 and 1870.	Prof. Von Bruns. <i>Berliner klin. Wochenschr.</i> , July 1, 1872. <i>Boston Med. and Surgical Journal</i> , Nov. 28, 1872.	Male.	23	2 or 3 years.	Large tumor filling entire pharynx, sending prolongation through left nostril to its an- terior orifice, and push- ing left eyeball out- ward, downward, and forward.	Fibrous.	Electrolysis. From May, 1869, to March, 1870, 130 applications.	Only a hard knot, of size of pea, remained in posterior edge of vomer. No recurrence at the end of two years after cessa- tion of treatment. The patient had been operated on, three years before the treatment by electrolysis was com- menced, with Maison- neuve's écraseur, but the growth returned.
(14)								
1869 to 1871.	Prof. Clisell. <i>Boston Med. and Surg. Journal</i> , Nov. 20, 1873.	Not stated.	Not stated.	Not stated.	Tumor occupying whole wall of pharynx, stopping left nostril completely and right nostril partially, and pushing epiglottis against base of tongue.	Not stated.	Electrolysis. Appli- cations made every twenty days, from Nov. 20, 1869, to Oct., 1871.	At the end of the course of treatment tu- mor so reduced in size that only an insignificant prominence was to be seen on posterior inferior wall of pharynx. No subsequent history.
(15)								
May 10, 1870.	H. O. Hitchcock. <i>Trans. Michigan State Med. Society</i> , 1870, p. 94.	Male.	Not stated.	2 or 3 years.	Tumor weighing three ounces firmly attached to outer wall of right nostril, and along upper part of inferior turbi- nated bone, as well as to surface of pterygoid process of sphenoid and the septum nasi.	Fibrous.	Langenbeck's opera- tion. Tumor removed piecemeal.	Previous efforts to re- move polypus by avul- sion and afterward by the écraseur had failed. In a recent note to the writer, Dr. Hitchcock states that there was no recurrence for three years after operation, when the pa- tient died of pneumonia.
(16)								

Date.	Operator, Reference.	Sex.	Age.	Previous Dura- tion of Sym- ptoms.	Situation and Extent.	Pathological Nature.	Treatment.	Result and Subsequent History. Remarks.
June 30, 1880. (17)	M. Verneuil. <i>Gaz. des hôp.</i> , Aug. 9, 1870.	Male.	16	8 months.	Large polypus at- tached at left of base of skull, filling pharynx and sending prolonga- tions into nasal fossa, maxillary sinus, orbit, pterygo-maxillary fis- sura, and, possibly, the temporal fossa.	Not stated.	Resection of superior maxilla, and one lobe of tumor after another re- moved.	Considerable hemor- rhage; syncope; intro- duction of blood into air- passages; death during operation.
1870. (18)	Mr. Holmes. <i>Lancet</i> , Jan. 16, 1875.	Male.	35	4 years (?).	Tumor of pharynx hanging down behind soft palate, projecting into left nostril, and at- tached to body of sphen- oid or basilar process of occipital bone.	Fibrous, with a few spindle- cells.	The whole of superi- or maxilla, with ex- ception of orbital plate, removed, and the tu- mor cleared away as far as possible.	Recovery from opera- tion rapid; but the growth recurred. (Time not stated.)
Dec. 3, 1873. (19)	Mr. Holmes. <i>Ibid.</i>	Male. (Same pa- tient as above.)	38 (?)	3 years (?).	Large mass project- ing into nose and ad- herent to base of skull.	Fibrous, and containing more round- cells than spin- dle-cells.	Cicatrix of former operation opened up, and tumor taken away almost entirely. The whole of the soft tissues then gouged away from base of skull where the tumor was adherent.	No history subsequent to recovery from opera- tion.
Nov. 26, 1873. (20)	Dr. Cabot. <i>Boston Med. and Surg. Journal</i> , Feb. 9, 1871.	Male.	40	18 months.	Polypus occupying pharynx and permeat- ing every available part of nose. Appeared in both anterior nasal ori- fices and also at upper and inward part of right orbit; its entrance into orbit being from the sphenoid bone.	Glandular polypus. (Fi- bro-cellular.)	Nasal bones sawn in line of lateral nasal su- tures, and the nose turned downward over the mouth. Tumor re- moved with scissors and forceps. Trache- otomy performed dur- ing operation on ac- count of difficulty of respiration.	Patient almost col- lapsed after operation, but rallied and made a good recovery. No sub- sequent history.

Date.	Operator. Reference.	Sex.	Age.	Previous Dura- tion of Sym- ptoms.	Situation and Extent.	Pathological Nature.	Treatment.	Result and Subsequent History. Remarks.
1871.	Cooper Foster. <i>Lancet</i> , May 20, 1871. <i>Med. Times and Gazette</i> , May 27, 1871.	Male.	19	Not stated.	A tumor of enormous size, the nasal portion of which was princi- pally confined to left side. Attached to left side of external base of skull, it filled the base between greater and lesser wings of sphenoid, the orbital plate of the frontal and crib- riform plate of ethmoid, and extended from right nasal fossa, by way of sphenoid fissure, into the back of the orbit.	Made up of small fusiform cells and stel- late connective tissue.	Tumor could not be circumscribed and large portions were torn away with forceps. Much of it left <i>in situ</i> .	Patient died twelve days subsequent to opera- tion after convulsions and coma. The autopsy showed general acriditis and circumscribed sloughing of brain. The cribriform plate of eth- moid was broken, and at the back part there was a small opening and a fracture extending for- ward from it.
(21)								
1871.	W. R. Whitehead, <i>N. Y. Med. Rec- ord</i> , Jan. 2, 1872.	Female.	Not stated.	Not stated.	A tumor of two ounces weight com- pletely filling the pos- terior nares, projecting from pharynx into mouth, and attached from basilar process of occipital bone to a point as far down as the third cervical vertebra.	Muco-fibrous.	Removed by avulsion by means of the fingers.	No history after opera- tion. Some time previously the patient had had a small polypus torn away with forceps through the right nostril.
(22)								
Oct. 20, 1871.	H. B. Sands, <i>Brown-Squard's Arch. of Scienc. and Practical Medicine</i> , June, 1873.	Male.	29	1 year.	Firm, elastic tumor occupying pharynx and nasal cavities (the right more completely than the left), and having a pedicle with broad at- tachment to base of skull. Oval in shape and measuring 2½ inches in length, 2½ in breadth, and 1½ in thickness. Diameter of pedicle 1½ inches.	Fibrous.	Flap in soft palate, including horizontal plate of palate bone, re- flected downward. The hard palate found in part absorbed from pressure of tumor, hemor- rhage, and the pa- tient recovered without breaking, but the chain- was divided with scis- sors as close to bone as possible.	Impossible to satisfac- torily detach pedicle at time of operation, and the tumor in palate left in open. There was pro- found exhaustion from pressure of tumor, hemor- rhage, and the pa- tient recovered without breaking, but the chain- was divided with scis- sors as close to bone as possible.
(23)								

Date.	Operator. Reference.	Sex.	Age.	Previous Dura- tion of Sym- ptoms.	Situation and Extent.	Pathological Nature.	Treatment.	Result and Subsequent History. Remarks.
May 10, 1872.	H. B. Sands. <i>Ibid.</i> N. Y. <i>Med. Record</i> , Feb. 2, 1873.	Male. (Same pa- tient as above.)	20	6 months.	Large fungous-looking mass completely obstructing right nasal cavity and attached to basilar process of occipital body of sphenoid, right pterygoid process, hard palate, and septum nasi.	Fibrous.	Partial excision of the jaw; connections of tumor divided; large part of septum and nearly all the remains of hard palate removed with forceps; the pedicle severed with galvano-cautery écraseur and galvano-cautery applied to stump.	A small prolongation of the polypus into the sphenoidal cells was allowed to remain. Patient recovered rapidly after operation, but the tumor subsequently recurred. (Time not stated.)
(24)								In Jan., 1877, removed a third time and in March recurred again. From May to Aug., 1877, treated by electrolysis. The stump then touched with Paquin's cautery and the patient discharged. No subsequent record.
1872.	Leon Imbô, <i>Lancet</i> , Oct. 19, 1872. Aug. 2, 1873.	Female.	Not stated.	Not stated.	Naso-pharyngeal tumor, of size of small hen's egg.	Not stated.	Soft palate slit with galvano-cautery knife, and tumor removed with galvano-cautery écraseur.	Cauterizations on root of polypus with galvanic button for some time after operation. No recurrence at the end of nearly a year.
(25)								
Mar. 12, 1873, to April 7, 1873. (26)	Paul Bruns, <i>Berlin. Klin. Wo- chenschr.</i> , 1873, No. 8, N. Y. <i>Med. Record</i> , May 15, 1874.	Male.	30	8 years.	Large tumor resting on arch of post pharyngeal wall, right sides, and filling almost the entire fauces.	Fibrous.	Electrolysis.	Four weeks after last application no trace of tumor remained. No subsequent history.
June 18, 1873.	Spencer Watson, "Diseases of the Nose," p. 439.	Male.	55	7 years.	Left nostril occupied by a firm growth, attached by broad base to anterior and upper part of outer walls, and to small portion of ethmoidal plate of ethmoid.	Fibrous.	Bone divided about junction of nasal process of superior maxilla and nasal bone, and root of polypus torn away with finger. The bones at upper part of cavity scraped, and strong perchloride of iron applied to surface of attachment.	Recurrence noticed in seven months.
(27)								

Date.	Operator. Reference.	Sex.	Age.	Previous Dura- tion of Sym- ptoms.	Situation and Extent.	Pathological Nature.	Treatment.	Result and Subsequent History. Remarks.
Apr. 29, 1874. (28)	Spencer Watson. <i>Ibid.</i> , p. 441.	Male. (Same pa- tient as above.)	56	3 months.	Soft polypus, large as hen's egg, occupying whole nasal cavity as far back as the sphenoid cells (from which the deeper portion originated), and ptery- goid processes. Naso-pharyngeal tu- mor implanted on basi- lar process.	Fibrous.	Nasal bones split up and portion of nasal process of superior maxilla cut away. Tu- mor removed piece- meal.	In two months patient died from intracranial disease; the nostrils in meanwhile having again become completely ob- structed.
1873. (29)	Leon Labbé. <i>Lancet</i> , Aug. 2, 1873.	Male.	25	Not stated.		Fibrous.	Soft palate slit with galvanic knife, and greater portion of tu- mor removed with gal- vano-cautery écraseur. Remaining part with scissors, and the seat of attachment cauter- ized with heated iron. Cicatrix of a former operation opened up, and the mass removed as far back as possible.	No subsequent history.
1874. (30)	Mr. Callender. <i>Lancet</i> , Jan. 16, 1875.	Female.	Not stated.	2 years (?).	Growth situated un- der orbital plate and ex- tending along base of skull as far as vertebral column.	Fibrous (?).	Case afterward turned out to be malignant, and patient died two years after operation. Seven years before, su- perior maxilla resected, and a similar tumor, in- vading the antrum, re- moved. Recurrence at end of five years. Operation completed satisfactorily, but at its conclusion patient died on table, either from shock, loss of blood, or chloroform.	
June, 1874. (31)	Berkeley Hill. <i>Lancet</i> , June 20, 1874.	Male.	16	Not stated.	Large naso-pharyn- geal tumor extending outward through the pterygo-maxillary fis- sure and passing for- ward under the cheek. Tumor weighing two pounds completely fill- ing posterior nares, pro- jecting from pharynx into mouth, and attach- ed from basilar process of occipital bone to a point as far down as third cervical vertebra.	Not stated.	Growth removed by temporary displace- ment of upper jaw.	
Dec. 18, 1874. (32)	James L. Little. <i>Archives of Clinical Surgery</i> , July, 1876.	Male.	40	2 years.		Fibrous.	Preliminary trache- otomy and excision of greater part of anterior maxilla by Ferguson's operation. Tumor re- moved by galvano- cautery and scissors, and hemorrhage con- trolled by galvano-cau- tery.	Patient much prostrated, and early on following morning sank suddenly.

Date.	Operator. Reference.	Sex.	Age.	Previous Dura- tion of Sym- ptoms.	Situation and Extent.	Pathological Nature.	Treatment.	Result and Subsequent History. Remarks.
Apr. 26, 1875. (33)	R. P. Lincoln. Trans. American Laryngolog. Ass'n, 1879.	Male.	15	3½ years.	Elastic tumor weigh- ing one and three- fourth ounces, inserted in vault of pharynx, occupying to a great extent the right nostril, occluding the left pos- terior nasal region, and sending a prolongation into right zygomatic fossa.	Fibrous.	Galvano-cautery ec- raseur, looped platinum wire being carried through right nostril, encircling the tumor at its base.	Subsequent to the oper- ation, twelve applications of the galvano-cautery, a platinum disk being used, at intervals from four to seven days. No recurrence up to the pres- ent time. Avulsion with forceps had been previously at- tempted in this case, but unsuccessfully. Subsequently several attempts were made to remove the base of upper tumor, and the greater tumor with the galvano- cautery; but it was found impossible to keep the loop in position. The mass then began to grow again, and it was finally entirely scraped away with a sharp spoon. No recurrence up to last re- port; March, 1881.
Aug. 5, 1875. (34)	H. Guicke, <i>N. Y. Med. Record</i> , June 25, 1881.	Male.	15	Not stated.	Two tumors: one a large flat body, above lower edge of velum, on posterior wall of phar- ynx; and the other, softer and more conical, closing entrance to left nostril.	Not stated.	With the galvano- cautery ecraseur the whole of the lower tumor, and the greater tumor with the galvano- cautery; but it was found impossible to keep the loop in position. The mass then began to grow again, and it was finally entirely scraped away with a sharp spoon. No recurrence up to last re- port; March, 1881.	Subsequent to the oper- ation, twelve applications of the galvano-cautery, a platinum disk being used, at intervals from four to seven days. No recurrence up to the pres- ent time. Avulsion with forceps had been previously at- tempted in this case, but unsuccessfully. Subsequently several attempts were made to remove the base of upper tumor, and the greater tumor with the galvano- cautery; but it was found impossible to keep the loop in position. The mass then began to grow again, and it was finally entirely scraped away with a sharp spoon. No recurrence up to last re- port; March, 1881.
Dec. 1875. (35)	R. C. Brandeis, <i>Amer. Practitioner</i> , April, 1877.	Female.	22	Several years.	Pear-shaped tumor one inch in length and three and three-fourth inches in greatest cir- cumference, excluding both nostrils, filling up per part of pharynx and attached to basilar pro- cess of occipital bone.	Fibro-sarco- ma.	Removed with wire of fine ecraseur passed through right nostril.	Growth soon returned. (Time not stated.)
July, 1876. (36)	R. C. Brandeis, <i>Ibid.</i>	Female. (Same pa- tient as above.)	22	Not stated.	Two tumors in same situation as above, though somewhat less in size.	Fibro-sarco- ma.	An attempt to oper- ate with ecraseur hav- ing failed, the tumors were removed with double-curved scissors, after operation.	Several applications of chromic acid were made to the remaining stumps, and there was no sign of recurrence nine months after operation.

Naso-Pharyngeal Fibromata.

Date.	Operator. Reference.	Sex.	Age.	Previous Dura- tion of Symp- toms.	Situation and Extent.	Pathological Nature.	Treatment.	Result and Subsequent History. Remarks.
Dec., 1875. (37)	H. B. Sands, <i>Archives of Clinical Surgery</i> , Aug., 1876.	Male.	15	2 years.	Tumor of size of hickory-nut, attached to basilar process of occipital bone.	Not stated.	Excision of superior maxilla and removal with galvano-cautery.	Growth soon returned. (Time not stated.)
May 17, 1876. (38)	H. B. Sands, <i>Ibid.</i>	Male. (Same patient as above.)	15	Not stated.	Tumor two inches in length, attached as above, and extending forward to great wing of sphenoid and downward to level of hard palate.	Not stated.	Lateral attachments divided with galvano-cautery knife. Pedicle divided with bistoury, and the remaining part removed with forceps and scissors.	Recovery complete. No recurrence. (Communicated to author by Dr. Sands.)
Jan. 15, 1876. (39)	R. P. Lincoln, <i>Trans. American Laryngolog. Ass'n</i> , 1879.	Male.	21	5½ years.	Large tumor attached by a pedicle three and a half inches in circumference to vault of pharynx, completely filling upper part of mouth, occupying whole of left nostril, and pressing septum to the right to such an extent as to entirely occlude the right nostril.	Cavernous fibroma.	Removal with galvano-cautery écraseur; a looped platinum wire being passed through the left nostril into the mouth, and carried up behind the tumor.	Seven thorough cauterizations of the stump with the galvano-cautery were made during the next four months, and there has been no recurrence of the growth up to the present time. In this case a "nasopharyngeal polypus" first appeared in 1869, and in that and the following year it was twice removed by excision, after division of the soft palate. On account of the extreme debility of the patient electrolysis was employed for a year (twenty-two applications in all) as a preliminary to the radical operations by the galvano-cautery écraseur.
Feb. 1876. (40)	R. C. Brandeis and D. W. Yandell, <i>Amer. Practitioner</i> , April, 1877.	Female.	Not stated.	Not stated.	Hard mass, of size of pigeon's egg, and weighing 340 grains, occupying whole post-nasal cavity and attached to pterygoid plate of sphenoid.	Fibro-cellular.	Removal by écraseur introduced through nostril.	No recurrence seven years after operation. (Communicated to author by Dr. Brandeis.)

Date.	Operator. Reference.	Sex.	Age.	Previous Dura- tion of symp- toms.	Situation and Extent	Pathological Nature.	Treatment.	Result and Subsequent History. Remarks.
1876. (41)	R. C. Brandeis, <i>Idid.</i>	Female.	Not stated.	Not stated.	Two tumors of post- nasal cavity, each about size of hazel-nut and both attached to ptery- goid process of sphen- oid bone.	Fibrous.	Removal by wire écraseur.	Patient subsequently treated for chronic nasal catarrh, and up to last re- port (time since operation not stated), no recur- rence of tumor, reappear- ed. (Time not given.)
1876. (42)	Dr. Mason, of Prov- idence, <i>Boston Med. and Surgical Journal</i> , May 9, 1878.	Male.	14	Not stated.	Four sharp polypus of pharynx and right nostril.	Fibroid.	Removal by looped ligature passed through the nose.	Tumor removed, reappear- ed. (Time not given.)
Nov. 2, 1877. (43)	Dr. W. Beever, <i>Boston City Hos- pital Reports</i> , 1882.	Male. (Same pa- tient as above.)	15	Over a year.	Oral tumor, large as pocket's egg, nearly fill- ing pharynx, attached to right uvula, and at- tached to bones of sphenoid and right pal- ate bones.	Fibroid.	Nose sawn down and depressed (Olier's operation). Tumor re- moved. Attachments scraped off the bones, and surface touched with nitric acid.	In a recent note to the writer, Dr. Beever states that there was slight re- currence in this case, and that the patient has been lost sight of.
Sept. 2, 1876. (44)	H. Guleke, <i>N. Y. Med. Record</i> , June 25, 1881.	Male.	8	Not stated.	Tumor pressing down the palate and at- tached to posterior wall of pharynx.	Not stated.	Complete removal with galvano-cautery écraseur.	No recurrence up to last record, March 8, 1881. (Four and a half years after operation.)
April, 1877. (45)	J. I. Chisolm, <i>Trans. Med. and Chir. Faculty of State of Maryland</i> , 1878, p. 180.	Male.	47	5 years.	Swelling from base of skull and ob- structing right nostril.	Not stated.	Removal by wire loop passed around base of growth and tightened daily. Tumor came away in three days.	Tumor recurred with- in four months.
Feb. 25, 1878. (46)	L. McLane Tiffany, <i>Trans. Med. and Chir. Faculty of Maryland</i> , p. 180.	Male. (Same pa- tient as above.)	48	6 months.	Firm, pear-shaped tumor, six inches in di- ameter, and over three inches in length, filling greater part of posterior nares and pharynx, pressing on soft palate, resting against bodies of cervical vertebrae and attached by pedicle to right pterygoid pro- cess and basilar process of sphenoid.	Fibro-sarco- ma.	Preliminary trache- otomy. Nose separ- ated from upper jaws. Patient turned up over heart raised slowly, but made a good recovery. In a recent note to the writer, Dr. Chisolm states that the patient died six months after this second operation from some acute chest trouble.	The shock great, and electricity resorted to to stimulate respiration. Pa- tient rallied slowly, but made a good recovery.
(47)							zinc, in crystals, ap- plied to the bones at seat of attachment.	

Date.	Operator. References.	Sex.	Age.	Previous Dura- tion of Sym- ptoms.	Situation and Extent.	Pathological Nature.	Treatment.	Result and Subsequent History. Remarks.
May 28, 1877.	J. L. Ratten. <i>Lancet</i> , Nov. 3, 1878.	Male.	18	1 year.	Large growth, with base at least two inches in diameter, springing from body, pterygoid processes of sphenoid bone, back of pharynx, and margin of <i>foramen</i> <i>magnum</i> , filling left nostril, and protruding between alveolar pro- cess of upper jaw and the upper lip. A sepa- rate process attached to edges of sphenoid-maxil- lary fissure and passing into sphenoid-maxillary fossa. The hard palate had been completely absorbed by pressure of tumor.	Fibrous.	Preliminary laryn- gomy. Skin flaps of Fergusson's operation. Nasal process of supe- rior maxilla divided and anterior wall of antrum removed. Base of tu- mor cut off with whip- cord ligature.	Patient only partially rallied after operation, and died the same even- ing from exhaustion.
(47)								
Aug., 1877.	W. Roth. <i>Wiener med. Wo- chen.</i> , July 24, 1880.	Male.	42	Not stated.	Tumor larger than a pigpen's egg occupying upper part of pharynx, extending into both nasal fossae (the left more occluded than the right), and attached by pedicle to base of skull.	Fibrous.	Removal with galva- no-cautery through the nose, after fixation of the tumor.	No recurrence up to two and a half years after operation.
(48)								
Aug. 31, 1877.	D. W. Cheever. Boston City Hos- pital Reports, 3d Series, 1882.	Male.	21	3 years.	Hard, firm tumor in upper part of pharynx, occluding both nostrils and attached to basilar process of occipito- sphenoid bone.	Not stated.	Fergusson's incision on left side of face, pa- tient remained free Superior maxillary bone saved across be- low molar bone and depressed. Tumor de- tached with scissors, and base cauterized with nitric acid.	Four years afterward patient remained free note to the writer, Dr. Cheever states that there has been no re- currence up to the present time.
(49)								
Nov. 7, 1877.	Henry Morris. <i>Med. Times and Gaz.</i> , May 28, 1881.	Female.	16	Several years.	Tumor of large size, irregular shape, and broad base, occupying greater part of pharynx, above soft palate, and blocking posterior nares.	Fibro-cellular.	Removal with éca- teur.	No sign of recurrence up to last report, three and a half years after operation.
(50)								

Date.	Operator. Reference.	Sex.	Age.	Previous Duration of Symptoms.	Situation and Extent.	Pathological Nature.	Treatment.	Result and Subsequent History. Remarks.
May 7, 1873. (51)	J. C. Ogilvie Will. <i>Lancet</i> , December 6, 1879.	Male.	17	2 years.	Naso-pharyngeal growth of size of small tomato, arising from base of skull; also a second tumor of size of walnut, attached to floor of nasal fossa.	Fibrous.	Smaller tumor removed with ferrous For removal of larger, Langenbeck's operation. Growth extirpated by avulsion and use of scissors.	No recurrence at date of last record, six months after operation.
Oct. 17, 1878. (52)	Macfie Campbell. <i>British Med. Journal</i> , Feb. 23, 1880.	Male.	54	3 years.	Naso-pharyngeal tumor extending in the mouth to the soft palate, completely blocking right nostril, and pushing septum toward left.	Glandular carcinoma of Billroth.	Ferguson's incision superior maxillary bone, with orbital plate the palate bone, and part of malar bone removed.	A small sinus under the orbit remained and had to be freely incised. Six months after operation no appearance of recurrence.
Oct., 1878 to March, 1879. (53)	M. Barthelmy. <i>Le progres med.</i> , No. 49, 1879. Bul. et Mem. Soc. de Chir. de Paris, N. S., vol. v, p. 903.	Not stated.	14	Indefinite.	Large growth in pharynx depressing velum and obstructing the nasal fossae.	Not stated.	Two unsuccessful attempts to remove tumor by avulsion. The velum was then divided, and nine times in the course of two months injections of five drops of chloride of zinc (sat. solution) were made.	Growth became entirely destroyed, but at the end of six months there were signs of recurrence. No subsequent history given.
1878. (54)	D. W. Cheever. Boston City Hospital Reports, 3d Series, 1882.	Male.	15 (?)	3 years.	Naso-pharyngeal growth of size of English walnut.	Not stated.	Removal by galvanocautery.	Recurrence soon noticed.
1879 (?). (55)	D. W. Cheever. <i>Ibid.</i>	Male. (Same patient as above.)	16	Not stated.	Tumor of size of hen's egg, with broad attachment to posterior wall of pharynx, partially occluding both posterior nares, hanging well down in thorax, and arising from basilar process of occipito-sphenoid bone.	Fibrous.	Depression of superior maxilla. Attachments of tumor to bone scraped off.	In a recent note to the writer, Dr. Cheever states that there has since been no recurrence.

Date.	Operator. Reference.	Sex.	Age.	Previous Dura- tion of Symp- toms.	Situation and Extent.	Pathological Nature.	Treatment.	Result and Subsequent History. Remarks.
Feb. 6, 1879. (56)	M. Cruveillier. <i>Bul. et mem. soc chir. de Paris</i> , April 5, 1880.	Male.	17	Over 2 years.	Large and resisting bi- lobular tumor occlud- ing right nostril, fill- ing posterior part of nasal fossa, and attach- ed, one lobe to ptery- goid plate of sphenoid, and the other to basi- lar process of occipital bone.	Not stated.	Palate divided in me- dian line, and polypus extracted with forceps.	Gap in palate closed a year afterward; up to which time there was ap- parently no recurrence.
June 20, 1879. (57)	M. Duplay. <i>de Archi. gén. méd.</i> , 1880, vol. i, p. 353.	Male.	14	3 years.	Hard, elastic tumor of size of chestnut (French) filling naso- pharyngeal space, and apparently implanted on basilar process by a large base.	Fibrous.	Incision through soft palate, and prolonged two centimetres in front upon vault of palate. Tumor removed with ten écraseur, and stump zinc destroyed as far as made. Repeated twelve times, and last injection possible with thermo- cautery.	Within three months manifest tendency to re- production, and Septem- ber 20th an injection of tincture of iodine (drops chloride of zinc solution?) was destroyed as far as made. Repeated twelve times, and last injection possible with thermo- cautery.
Oct. 2, 1879. (58)	Prof. Aschenovien. <i>Archiv. für klin. Chir.</i> , 1880, xxv, p. 150.	Male.	52	Not stated.	Tumor of naso-phar- yngeal space, large as hen's egg, attached by pedicle with broad base to base of skull.	Sarcoma.	Preliminary trache- otomy. Temporary dis- section of both up- per jaws. Tumor re- moved with forceps and sharp spoon.	Eight days after opera- tion. Temporary dis- section of both up- per jaws. Tumor re- covery. No subsequent history given.
1879. (59)	M. Verneuil. <i>Bul. et mem. soc chir. de Paris</i> , N. S., vol. v, p. 836.	Male.	Not stated.	Not stated.	Naso-pharyngeal tu- mor of enormous size.	Not stated.	Palate divided and fissured por- tion of growth removed with écraseur. Applied tations of chromic acid to pedicle then made every two or three days.	Remaining part of tu- mor gradually underwent softening and atrophy; subsequent history not given.

Date.	Operator, Reference.	Sex.	Age.	Previous Duration of Symptoms.	Situation and Extent.	Pathological Nature.	Treatment.	Result and Subsequent History. Remarks.
Jan. 17, 1880. (60)	H. Guleke, <i>N. Y. Med. Record</i> , June 25, 1881.	Male.	17	Nearly 1 year.	Tumor of size of small hen's egg sitting from upper wall of pharynx and occluding posterior part of right nostril. In addition, a number of small, soft bodies in pharynx, especially on right side.	Fibroma.	Removal with the galvano-cautery coarsur.	In a recent note to the writer, Dr. Guleke states that there has been no recurrence up to the present time.
Feb. 10, 1880. (61)	Henry Morris, <i>Med. Times and Gazette</i> , June 4, 1881.	Male.	14	2 years.	Tumor of pharynx descending behind soft palate and plugging posterior nares. Process of the growth extended into sphenomaxillary fossa through naso-palatine foramen and through sphenoidal fissure into cavernous sinus. Then upon side of body of sphenoid bone it reached to the <i>sella turcica</i> , thus extending within the skull.	Fibrous.	The facial and palatal parts of superior maxilla removed, and a large mass of very hard growth dissected and wrenched away, together with part of sphenum nasi, to which it was firmly adherent. A considerable portion of tumor left <i>in situ</i> .	The patient, who was at the time in very bad condition, died before completion of operation.
June 1, 1880. (62)	Henry Morris, <i>Ibid.</i>	Male.	45	4 years.	Elastic tumor, chiefly attached to chin and filling up whole left nostril, and extending also into right nasal cavity and extending into pharynx.	Glandular carcinoma of Billroth.	Osteous aperture made in a previous operation (not by himself) enlarged by snipping away parts of nasal bone and nasal process of superior maxilla, and tumor removed.	Growth recurred in five or six months.

Date.	Operator. Reference.	Sex.	Age.	Previous Dura- tion of Sym- ptoms.	Situation and Extent.	Pathological Nature.	Treatment.	Result and Subsequent History. Remarks.
Jan. 11, 1881. (63)	Henry Morris. <i>Ibid.</i>	Male. (Same pa- tient as above.)	45	1 or 2 months.	The same as above.	<i>Ibid.</i>	Previous opening into nose enlarged by chip- ping away anterior border of superior max- illa, and growth scraped away as thoroughly as possible.	Subsequent history not given.
Sept. 1, 1880. (64)	C. B. Nancrede. <i>Phil. Med. Times</i> , Dec. 18, 1880.	Male.	52	2 months.	Large, irregular, and lobulated growth com- pletely filling pharynx and left nostril; attached to base of skull; involv- ing internal angular process of frontal bone, nasal process, and or- bital plate of superior maxilla, and displacing the eye outward and upward.	Tubular epi- thelioma.	Ferguson's incision and removal of left su- perior maxilla, lefling of the cornea, two weeks after operation, from secondary implica- tion of the nerve. Subsequent history not given.	The case did well, with the exception of slough- ing of the cornea, two weeks after operation, from secondary implica- tion of the nerve. Subsequent history not given.
Oct. 26, 1880. (65)	Henry Morris. <i>Med. Times and Gazette</i> , June 11, 1881.	Male.	14	2 years.	Tumor of pharynx large as small pear, with somewhat narrow pedicle, and a long, ir- regular branch, which probably projected into one nostril at posterior nares.	Fibrous, and fibro-cellular.	After two unsuccess- ful attempts to remove with écarbur, tumor extracted by avulsion, with forceps, through the mouth.	No recurrence up to eight months after opera- tion.
Nov. 17, 1880. (66)	M. Desprès. <i>Bul. et mem. soc. chir. de Paris</i> , May 5, 1882.	Male.	18	2 years.	Large naso-pharyn- geal tumor implanted on a large surface at base of skull, with one prolongation into right orbit, and a second, large as an apple, into zygomatic fossa.	Not stated.	Removal of superior maxilla by Nélaton's operation. Tumor ex- tracted, and the bone at seat of attachment scraped. Orbital pro- longation not entirely removed.	Growth began to recur within a month. A year previous to op- eration the soft palate had been divided, and in- terstitial injections of chloride of zinc made, but in spite of this the tumor had continued to increase in size.
Dec., 1880, to Jan., 1882. (67)	M. Desprès. <i>Ibid.</i>	Male. (Same pa- tient as above.)	18	1 month.	Tumor growing from pedicle of above.	Not stated.	For fourteen months growth cauterized at in- tervals with a saturated solution of chloride of zinc.	In two months tumor ceased to grow, but the applications had been kept up for a year longer, and it was proposed to continue them for several months still.

Date.	Operator. Reference.	Sex.	Age.	Previous Dura- tion of Symp- toms.	Situation and Extent.	Pathological Nature.	Treatment.	Result and Subsequent History. Remarks.
1881. (68)	George A. Peters, <i>N. Y. Med. Record</i> , July 23, 1881.	Male.	17	18 months.	Elastic tumor, exten- sively attached to basi- lar process of occipital bone, occupying poste- rior nares, projecting forward into both nos- trils, pushing uvula for- ward and downward, and encroaching some- what upon throat.	Fibroma.	Maisonneure's opera- tion for removal of up- per jaw, and extraction of tumor.	Growth recurred within very few months.
July, 1881. (69)	Charles McBurney, <i>N. Y. Med. Record</i> , March 4, 1882.	Male. (Same pa- tient as above.)	17	Not stated.	Growth in same situa- tion as above, but rather larger.	Fibroma.	Same operation as by Dr. Peters, with excep- tion of removing the portion of bone.	Tumor recurred very quickly.
Autumn of 1881. (70)	George A. Peters, <i>Ibid.</i>	Male. (Same pa- tient as above.)	17	Not stated.	Tumor much the same as above.	Fibroma.	Destruction of growth by burning down with actual cautery, which was applied seven or eight times, at intervals of two or three weeks.	Each time after the cauterization the growth seemed to recur from less space. In a recent note to the writer, Dr. Peters states that the polypus is now growing slowly, and that it has involved parts which make further operation impracticable.
Dec., 1881. (71)	F. H. Hooper. <i>Boston Med. and Surgical Journal</i> , Aug. 24, 1882.	Male.	23	1 year.	Large, smooth tumor, completely filling pos- terior nares, and oc- cluding right nostril.	Fibrous.	Complete removal with Jarvis' snare.	In a recent note to the writer, Dr. Hooper states that he has seen the pa- tient within six months, and that there has been no recurrence. In 1877 he was treated for pos- t-nasal tumor by Dr. F. I. Knight with the galvano- cautery by puncturing. After a few sittings, growth diminished in size, but subsequently re- curred, and in 1879 a con- siderable portion of tumor was removed by Dr. Gar- land, through anterior nares, with forceps.

Naso-Pharyngeal Fibromata.

Date.	Operator. Reference.	Sex.	Age.	Previous Dura- tion of Symp- toms.	Situation and Extent.	Pathological Nature.	Treatment.	Result and Subsequent History. Remarks.
1882.	R. F. Weir, <i>N. Y. Med. Record</i> , June 3, 1882.	Male.	8	1 year.	Tumor $1\frac{1}{2}$ x $1\frac{1}{2}$ x $1\frac{1}{2}$ inches, weighing over half ounce, attached to basilar process of occipital bone, partially occluding the nostrils, and hanging down nearly to base of tongue.	Fibro-sarcoma.	Mélon's operation. Soft palate divided, and a large part of hard palate, together with uvula, removed. During operation, tracheotomy performed, on account of sudden asphyxiation. Attached ends of tumor cauterized.	The child rallied at first, but then suddenly sank, and died within an hour after operation.
(72)								
May 27, 1882.	George F. Shrady, <i>N. Y. Med. Record</i> , Sept. 16, 1882.	Male.	14	4 years.	Tumor filling superior vaults of nose and pharynx, entirely occluding left posterior nares, extending across septum into right posterior nares, and attached to basilar process of occipital, to the sphenoid, and to the adjacent temporal bone. To the left it spread to a slight extent into pterygoid fossa, and was continuous with a tumor in the cheek by a prolongation into left sphenoid-maxillary fossa. A lobe of tumor also extended into cavity of antrum, through an opening made in posterior surface, by absorption.	Fibro-sarcoma.	Preliminary laryngotomy. Ferguson's incision, and lower half of left upper jaw removed. Soft palate divided, and tumor removed, by cutting attachments with curved scissors.	Patient died within an hour after operation. At the autopsy a tumor, of the size of a horse-chestnut, evidently continuous with naso-pharyngeal growth, was found attached by inflammatory thrombi to under surface of left middle lobe of cerebellum.
(73)								
Jan. 8, 1883.	R. P. Lincoln.	Male.	17	2 years.	Elastic tumor of size of seckel pear, occluding both nostrils posteriorly, extending into right to within two inches of anterior orifice, and attached to basilar process of occipital bone, and to sphenoid, principally on right side.	Fibroma.	Galvano-cautery à craseur, passed through right nostril, as in cases Nos. 33 and 39.	Five applications of galvano-cautery to stump at intervals of one week. No recurrence up to present time.
(74)								

G. P. PUTNAM'S SONS, PRINTERS
NEW YORK